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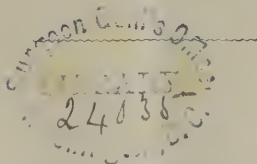
Philadelphia Association for Medical Instruction,

AT THE

CLOSE OF THE SESSION OF 1846.

BY ALFRED STILLÉ, M. D.

LECTURER ON PATHOLOGY, AND THE PRACTICE OF MEDICINE.



PHILADELPHIA:

ISAAC ASHMEAD, PRINTER.

1846.

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LECTURERS

OF THE

Philadelphia Association for Medical Instruction.

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ROBERT BRIDGES, M. D., on MEDICAL CHEMISTRY.

J. M. WALLACE, M. D., " SURGERY.

J. M. ALLEN, M. D., " ANATOMY.

F. G. SMITH, M. D., " PHYSIOLOGY.

J. F. MEIGS, M. D., " OBSTETRICS.

FRANCIS WEST, M. D., " MATERIA MEDICA AND THERAPEUTICS.

ALFRED STILLE, M. D., " PATHOLOGY, AND PRACTICE OF MEDICINE.

ED. HARTSHORNE, M. D., " MEDICAL JURISPRUDENCE.

LECTURE ROOM, PHILADELPHIA MEDICAL ASSOCIATION,

November 3d, 1846.

DOCTOR STILLE,

DEAR SIR,—At a meeting of the Students of the Philadelphia Medical Association held on Monday, November 2nd, A. B. HAWKINS, of North Carolina, Chairman, THOMAS G. POLK, of Pennsylvania, Secretary, the following Resolution was unanimously adopted:—

“*Resolved*, That the members of the Class of the Philadelphia Medical Association have listened with great pleasure, to the very able and eloquent Valedictory Address, delivered by Doctor Stillé, on the evening of the 30th October, and that a committee of four be appointed to request a copy for publication.”

It is with pleasure that we convey to you the above Resolution of the Class.

The importance of your subject induces us to urge a compliance with our request; the impressions made by merely hearing an Address may be soon effaced, we would therefore, have it in a more lasting form, that we, as well as others, may read, and reflect upon it.

Accept from the Class we represent, its ever grateful remembrances, and from ourselves, the highest regard and esteem.

WILLIAM ASHLEY, *of Georgia.*

J. H. T. MARSHALL, *of Maryland.*

J. R. B. RUTTER, *of Pennsylvania.*

R. M. SMITH, *of Georgia.*

*Committee.*

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365 WALNUT STREET, November 3rd, 1846.

GENTLEMEN,—Your letter, enclosing a copy of the Resolution adopted by the Class in reference to my Address, is peculiarly gratifying, inasmuch as it proves that my argument and my object, have been correctly interpreted, and that you and your constituents may be counted upon as co-labourers in the good cause of professional improvement.

In cheerfully complying with your request, I am encouraged to hope that some good may be effected, if others will not be less just, than you have been generous, in passing judgment upon my work. Be pleased to thank the Class for this mark of their approbation, which will always be dear to me, and accept for yourselves the assurance of my sincere wishes for your success both as students and physicians.

ALFRED STILIÉ.

Messrs WILLIAM ASHLEY,

J. H. MARSHALL,

J. R. B. RUTTER,

R. M. SMITH,

*Committee.*

## A D D R E S S . \*

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GENTLEMEN,

YOUR labours and ours are for the present terminated. After a short respite they will be resumed, but in different fields: ours in preparing instruction for your successors, yours in the short but exhausting struggle which must precede your elevation to the doctorate of medicine. May I be permitted to hope that the lessons you have learned from us will lighten your coming toil, and cause you to tread with an elastic and assured step the upward path to those golden gates which open to admit the worthy alone. To preparing you for this labour and this triumph, the ministry of my colleagues and myself is limited; we have neither title nor rank to confer upon you; we aim only to make you deserve them; we bind no laurels upon your brows, we only urge and aid you in the race where they may be won. Our office is a humble one; our ambition craves neither a sounding name, nor a conspicuous position; we regard our highest reward to be your improvement. We come to fill that long interval between the opening of spring and the close of autumn, during which the student finds his recollections of winter-lectures grow indistinct or confused; to renew his acquaintance with the subjects of his previous study, to present them under new aspects, through the media of other minds, and thus while deepening former impressions, show that medical facts are unchangeable, while medical doctrines may vary in form with the individuals who teach them. Of the hundreds who crowd our college halls in the winter season, few comparatively remain to attend the summer lectures; but those few, by their long se-

\* The paragraphs and sentences enclosed in brackets were, for want of time, omitted in the delivery of the address.

paration from the comforts and amenities of domestic life, by their willingness to incur expense, endure fatigue, and to pursue studies which are in nowise essential to graduation, prove that they appreciate somewhat of the responsibilities of the profession they have embraced, and that they are ambitious of obtaining its highest honours. You, gentlemen, who have made such sacrifices, and who indulge such aspirations, will have your reward; your devotion and enthusiasm are warrants of your success; not of that success which dazzles suddenly and for a moment, but of that, which like all that is good and great and lasting in nature, grows by invisible increase from day to day. In this anticipation of your future eminence we rejoice, for we know that you will look back upon the hours spent in the hall of this association as the source of your superiority over many less instructed rivals. We are persuaded, also, that from your interest in the success of the school, it will give you pleasure to hear of its contemplated improvements. I beg to announce that, in addition to his regular obstetrical course, Dr. Meigs will next summer deliver a series of lectures on the diseases of children; and that for the first time in a Philadelphia school, the subject of Medical Jurisprudence will be taught in a separate course by Dr. Edward Hartshorne, whose opportunities for studying the relations of disease with crime have, it is believed, peculiarly fitted him for the post he has consented to fill in this association.

For your eventual success, and for our own right to take pride in anticipating it, there is a substantial ground in the history of the summer medical schools of Philadelphia. Most of those who within the last twenty years have held a prominent rank in the medical profession of this part of the country, were pupils of these schools. They justly attribute their advancement to the method of instruction there pursued, a method which allowed them time to digest what they learned, to read as well as to listen, and to follow the clinical teaching of the hospitals. The summer schools were originally instituted for the very purpose of sup-

plying the defects of the winter courses, the number and variety of which delivered in the short period of four months, were long ago found to embarrass and confuse the most attentive and intelligent students. The honour of having first made a successful attempt to efface this blot upon the character of our medical education belongs, we believe, to the venerable Professor of the Theory and Practice of Medicine in the University of Pennsylvania.\* Thirty years ago he founded the school since known as the "Medical Institute," and which long continued to dispense invaluable stores of wisdom and skill. With him were associated at different times Doctors Dewees, Horner, Thomas Harris, Jackson, Gibson, Hodge, Mitchell, and Bell, whose names need only be mentioned to illustrate the value of their instructions. To promote, doubtless, the same laudable object, another school arose. Its title was the same now borne by this association. Would that its talent and skill could have been adopted along with its name! But it is no easy task to emulate the intellectual and moral worth of such men as the benevolent and judicious Parrish, and of Doctors Bache, Wood, J. Rhea Barton, Meigs, Randolph, Morton and Gerhard. The gentlemen who have been named as forming these two schools, had still their reputation to achieve when first they entered upon their career as public teachers; but now that their fame is sacred and familiar as household words, who can doubt that they nobly fulfilled their object, and gave to their classes a full remuneration for their time and money.

Having before us the practical testimony of such eminent physicians, that our winter courses alone are insufficient for perfecting a medical education, we are naturally led to examine the subject more minutely. At the conclusion of the last course of lectures which I had the honour of delivering, I pointed out in general terms what seemed to me the disabilities of the medical profession in this country. I insisted upon propositions which, but for the implied contradictions

\* See Note A.

they have received, I should regard as self-evident : to wit, that medical science, like every other branch of natural science, is a unit ; that there cannot be one science of medicine for Europe, and another for America ; that there is everywhere the same need for accomplished physicians ; and that the same methods are requisite for producing them here, as experience has shown to be most effectual elsewhere. I did not suppose it admitted of doubt that medical science had reached its best estate in continental Europe, and therefore felt that in urging my hearers to imitate the scientific models of that country, and tread in the footsteps of its great philosophers, I was rendering a filial duty to my native land, and lending my feeble aid to exalt her greatness. Who could have then supposed, who would now believe that educated men, enlightened physicians, are to be found among us who seem to forget that they are members of that great catholic brotherhood, whose creed is truth, whose country is the world, and who should despise the narrow thought that seas or mountains interposed “make enemies of nations ;”—that citizens of a country which calls to her ample bosom, and shelters beneath her shield the sons of every clime, should extend a welcome to every thing but knowledge, and finding nothing to reprove in the vast masses of squalid ignorance which annually roll upon our shores, yet repel the entrance of foreign science as if it were poison to the mind, and treason to the state ? Is it not monstrous that we should receive with open arms, and a hearty welcome, the subjects of European monarchies, nurtured and reared in loyalty to kings, and yet, when it is proposed to improve our system of medical education by borrowing the light of European science and experience, that an outcry should be raised as if to arrest the perpetration of some horrid crime ? These very cavillers are ready enough to admit, that whatever tends to increase the knowledge and protect the health of the people, must accord with the purest spirit of patriotism ; but when they are called upon to act, to *do* something which shall promote

these objects within the medical profession, they straightway discover that there is no need of reform, that we have reached a state of beatific perfection, from which we can look down on European physicians with complacent and serene contempt. According to them, we already take the lead in medical practice. [Doubtless, if this be true, their exhortations against advancement are not without a seeming propriety; for there is then no longer a place for emulation, the strongest motive to progress, and we may sit with folded hands waiting until our distanced competitors in the race of knowledge overtake us. You are tempted to accuse me of exaggeration; but you would do me injustice: the subject before us is too serious to permit even a rhetorical colouring, if its true complexion should be thereby concealed.]

In an Address delivered to the Graduating Class at the Medical Commencement of the University of the City of New York, on the 11th March last, by the Professor of the Institutes of Medicine and Materia Medica in that Institution, the orator used this language: "I am prepared to say that it is the result of no little investigation, that American Physicians GREATLY SURPASS [the physicians of] all other nations not only in the DECISION but in the SUCCESS of their practice." [This is not a momentary flash of *amor patriæ*, struck out in the heat of composition; it is a quotation from the orator's own *dicta*, published six years before, in the most voluminous original work that ever issued from the medical press of this country; a sentiment calmly formed, a conclusion deliberately adopted, and after six years stamped anew with its author's approbation. And what is it? a claim for our practioners to stand on an equality with those of Europe? no, but to *greatly surpass* them in decision and success; a claim to be—not their rivals—but their superiors! An assertion so comprehensive and unqualified ought surely to be supported by evidence; for if none be furnished, the boldness of the claimant will excite more wonder than his modesty will receive praise. In the present instance, the proofs fail alto-

gether, for they consist of one gratuitous assertion, namely, that our physicians follow the Hippocratic method of study and treatment, and of another utterly incongruous with the first, that these same physicians have an especial horror of expectant medicine. That is to say, they are at the same time Hippocratic and anti-Hippocratic—for if the phrase “expectant method” means any thing, it means the method of Hippocrates, whose fundamental axiom in therapeutics was, that nature cures diseases, and all that a physician has to do, is to support her when she falters, and to lead her back when she wanders from the path of safety. If the treatment of our practitioners is “bold and decided,”—if they *do* really believe, with the great physician and patriot who most illustrated their ranks, that “Nature is to be thrust from a sick room like a meddlesome nurse,” then the claim set up for them of being disciples of Hippocrates is either a reproach upon them, or a very equivocal homage to the father of medicine.]

But since the grounds upon which so flattering a distinction is assumed for American practitioners are not distinctly set forth by their champion, let us endeavour to discover them. On comparing our physicians with those of Europe, it is evident that the proof of the superiority of the former must be drawn either from what they have done, or what they possess the ability to do. Has the Professor cited a moment ago, or has any one who honestly agrees with him, been so engaged in the practice of his profession as to bring him in frequent contact with our practitioners, and has he then had equal and similar opportunities of appreciating the decision and success of European physicians? If not, what candid judge would attach the least value to his testimony? Whenever such a test has been even partially applied to this question, it has unfortunately produced upon the minds of competent observers, an impression the very reverse of that opinion from which a regard for truth obliges us to dissent. But, perhaps, the alleged superiority may be proved by weighing our practical *writers* against those of Europe, and, indeed, we are assured that it may, by

the orator already quoted. This is a more extraordinary declaration than the other, for except a few works intended as text books for students, (and which, after all, are not properly exceptions) there is probably not a dozen original American works on practical medicine founded wholly upon personal experience, any one of which exceeds the dimensions of a pamphlet. [Nearly all of the contributions of our physicians to medical science and art, are contained in periodical publications, and while I am ready to admit that many of these are of great intrinsic merit, and are so esteemed, even beyond the Atlantic, yet it cannot be denied that the corresponding literature of Europe is infinitely more abundant, various, and valuable, and that above and beyond this literature, ephemeral in its nature, there is a class of works on practical medicine, of which we have scarcely an example in this country.] If a tree is to be judged by its fruits, in the name of justice, nay, of common sense, what have we done to deserve the greatness which is thrust upon us? Where is the evidence drawn from a strict and fair comparison, that our success in practice is greater than that of European physicians? Do not misunderstand me, gentlemen. I am not now comparing individual cases of merit. I am speaking of the great body of the profession at home and abroad. None could be prouder than I to recognize the wisdom and skill of that long line of distinguished men who have illustrated the medical annals of the United States, from the time when Dr. William Shippen returned from studying in Europe, to found the first medical school upon this continent, down to the present day.\* But all of these, with scarcely an exception, were men of liberal education, scholars before they became physicians, and a large majority of them perfected their medical education abroad. They were not brought up after the fashion to which our modern contemners of improvement would degrade the profession, a fashion which excludes all that can add dignity to medicine, and reduces it to the level of a mercenary handicraft. They stood above the rest of the profession, acknowledged

\* See note B.

superiors and leaders, and owed their eminence not so much to their natural talent, as to its cultivation; not so much to the greatness of their strength, as to their advantages for developing it.

[But although we have really produced no fruit entitling us to the prize we are called upon to usurp, perhaps we are endowed with qualities, or have acquired powers which must ensure our superiority. What are the qualities which enable a physician to cure disease? Evidently such a degree of knowledge as will best enable him to distinguish the nature of each particular case of disease: in other words, to form a correct diagnosis, is an essential preliminary to his treating the case. Upon this single point of diagnosis, must be brought to bear the whole science of medicine; [it must be applied, too, according to the principles of sound reasoning, for if this first step be erroneous, all subsequent ones will be taken blindly, and remedial measures be prescribed as chance, routine, or wild conjecture may direct. If such are really the prerequisites to successful practice, will any one deny that we are sadly deficient in them, and that consequently, our power of curing disease must be sensibly inferior to that of more thoroughly educated physicians? Either a high degree of mental culture, and a minute study of medical science are quite unnecessary for creating the most skilful practitioners, or else a large majority of American physicians are less qualified to treat disease than are those of Europe. The dilemma is clear and inevitable, our opponents are welcome to select for their expiation which ever horn they prefer. If they choose the first, and boldly assert the blessings of ignorance, we are content to let them enjoy their opinion; to avow it, is in itself, the worst dishonour and punishment which could befall them. If they admit the second, why will they not be consistent, and, instead of endeavouring to repress our aspirations after a better state, aid us with their hands, and cheer us with their voices, until we reach that elevation to which our country, great in arms, and glorious in freedom, calls us in tones at once of entreaty and command?]

Here, gentlemen, I might rest the cause for which I plead; but I remember that to most of you the facts on which the foregoing argument is supported, are either quite unknown, or unfamiliar. Bear with me, then, while I contrast the plan of education which has raised medicine to its present level in Europe, with that which has repressed its advancement here.

In *Austria*, before commencing the study of medicine, the pupil must have attended the primary schools four years, spent six years in the gymnasia, (which correspond to our grammar schools,) and two under the Faculty of Philosophy, learning Greek, Latin, Mathematics, Astronomy, History, and Modern Languages, and have obtained a certificate of proficiency in all these branches. In *Bavaria*, after the ordinary collegiate education, two years are devoted to preparatory studies, including logic, physics, botany, natural history, mineralogy, and chemistry, and a satisfactory examination on all these subjects must be passed. In *Paris*, before a young man can enter upon his medical studies, he must have graduated both in the arts and sciences; that is, he must have studied and passed an examination on all the branches just enumerated, except botany, chemistry, and mineralogy, the two former of which are comprised in the medical course proper. In the *United States* alone, of all civilized countries, the student enters the halls of medicine without the slightest test of his fitness for the studies he is about to undertake, without one word of inquiry regarding his previous education. Whether he comes from the academic shades of Charlottesville or New Haven, or from a mechanical trade, or from agricultural labour, he occupies the same seat, listens to the same lectures, and is submitted to the same final test of his professional attainments. How is it possible that one inviolable system of instruction should be suitable for individuals so different in their capacity to understand and profit by it, or how can it be expected that they should obtain any thing approaching to an equality of practical skill?

[You have heard, doubtless, that several of the most

distinguished physicans of Europe began life by an apprenticeship to the rudest of the mechanical arts; but it must not be overlooked, that they did not pass at once from these into medical studies; they were compelled first to acquire the same amount of classical and mathematical proficiency, which is exacted from all who aspire to the medical profession. Their example only confirms our position. "It will be obvious," says the Edinburgh College of Surgeons, in a recent notification, "to all who consider the extended and complicated nature of medical science, that much of the success of the student in the prosecution of its various branches must depend upon the previous cultivation of his mental faculties, and that it is consequently of the utmost importance, both as regards the interests of the public and the future comfort and respectability of the practitioner, that all who apply to the study of surgery should have previously received a liberal education." And Sir James Clark, than whom no higher authority could be cited, uses the following emphatic language: "It is from being uninstructed in the commonest principles of philosophy, and consequently unacquainted with the laws by which the various physical agents amidst which we live are regulated, and the effects of these in promoting health and inducing disease, that medical men have failed in some of their highest duties; that they have been less efficient ministers of health, and less successful investigators of disease than they would otherwise have proved." Against the force of such examples, and the weight of such authorities, what have we to oppose? A furious blast of prejudice, but not a breath of reason.]

After all the preparatory study we have described, what term of attendance on medical lectures is required of European students? In Austria and France *fifty* months; in Prussia and the secondary states of Germany *forty* months; in Great Britain and Ireland *twenty-four* months; while in the United States, we undertake to produce a competent physician in **EIGHT** months, or one-third of the time deemed necessary by the lowest of the European schools!

And what subjects are taught in foreign schools? At Vienna, Berlin, and Paris, besides the few practical branches to which our instruction is almost exclusively confined, the student in one or the other of these cities is obliged to learn Botany, Zoology, Mineralogy, General Anatomy, Comparative Physiology, the History of Medicine, General Pathology, Pathological Anatomy, Surgical Pathology, Medical Physics, Medical Jurisprudence, Hygiene, General Therapeutics, and Clinical Medicine. But the lectures on these various branches are not all delivered at the same time, nor to the same classes. The first year of the course is devoted exclusively to anatomy, physiology, and the other fundamental departments of the science; in the next the general principles of disease are taught; in the following one, special pathology and its adjunct therapeutics form the principal subjects of the lectures; and it is not until the student is thoroughly versed in the theory of medicine, and the principles of medical art, that he is taken to the bedside to witness their application. In most of the continental schools, the last two years of the course are chiefly occupied with clinical medicine. [In Paris, there are about 500 beds in hospital wards especially set apart for this purpose, and attended by nine clinical professors; besides about 6000 beds accessible to the student, at many of which regular clinical instruction is given by physicians who are not members of the faculty. In addition to all this, nearly sixty public courses, most of them gratuitous, are delivered by *agrégés* and others, upon almost every subject connected with medicine, including insanity, practical midwifery, zoology, minor surgery, diseases of women, of children, of the genital organs, of the skin, of the eyes, of the ears, of the heart, lungs, &c. Is it probable, think you, that men who are obliged to learn so much, and who may if they choose learn so much more, can be inferior as practitioners to those whose medical pupilage, so far as regards public instruction, is limited to eight months? The question answers itself. In Germany there is a body of practitioners denomi-

nated surgeons of the second class, whose functions are limited to executing the orders of graduated physicians and surgeons, in bleeding, cupping, applying leeches, &c., they are prohibited from treating internal diseases, and are responsible for the results of the more serious surgical operations they may undertake. (*Lee, on Medical Organization*, p. 16.) And yet these persons are subjected to a course of instruction as complete as that pursued in our best colleges, except in medicine proper. They must either have served three years as assistant surgeons in the army, or have attended the courses of a medico-chirurgical school, after which they must undergo an examination upon physiology, materia-medica, surgery, anatomy, and the clinical management of surgical diseases. In France the *officiers de santé*, an inferior grade of physicians, hold a position somewhat similar to that of the German second class surgeons. They are forbidden to perform serious operations without the supervision of a medical graduate. And yet to obtain a diploma conferring such equivocal privileges, they are obliged either to study *six* years with a medical practitioner, or to follow the hospitals for five consecutive years; besides which they must pass a public examination upon anatomy, medicine, surgery and pharmacy. Are we not bound to provide for our physicians a better education than is received by this class of practitioners, the suppression of which as a public nuisance is called for by the unanimous voice of the medical profession in France?]

The examinations by which is tested the proficiency of candidates for the Doctor's degree in Europe offer, if possible, a still more painful contrast to ours, than the length, the variety, and the perfection of the courses of instruction. At *Vienna* the students are examined by each professor at the end of every six months, twelve at a time, before they are permitted to pass to a higher class. At the completion of his course of study, the pupil is obliged to lay before each of his examiners a history of at least two cases attended by him in a medical clinic during his fifth year. He

then undergoes two separate examinations, the first upon anatomy, botany, natural history, physiology, general and special pathology, both medical and surgical, and general therapeutics, on each for a quarter of an hour; the second, which does not take place until sometime afterwards, upon chemistry, legal medicine, ophthalmology, and clinical medicine, after which he must publicly defend a thesis written by himself in the Latin language.—(*Wilde's Austria*.) In *Prussia* the system is even stricter. The student is examined no less than four times during the term of his probation. The third is at the conclusion of his studies, and lasts for three hours, three or four candidates being examined at the same time. After having passed this ordeal, he receives the title of Doctor, but has no license to practise; to obtain which, he must submit to the fourth examination, which lasts for several days. At the anatomical examination he has to describe a bone or other organ named to him. In the surgical examination, he must discuss a subject chosen by his examiners, and publicly perform, and explain the different steps of a surgical operation. He has, besides, the charge of two patients in the hospital for a fortnight, taking daily notes of the cases. Three times a week he is questioned at the bedside, and is examined upon his notes at the conclusion of the trial. Finally, he must submit to an oral examination by eight of the most learned and scientific men in the kingdom, who make full inquiry into the candidate's proficiency in all the departments of medical science. (*Lee on Med. Organization; Med. Recorder*, vol. xiii. p. 483.) In *Paris* the examinations for the degree of M. D. are public, and are five in number. The first, at the commencement of the second year, in natural philosophy, natural history and botany; the second, at the end of the third year, in anatomy and physiology; the other three at the conclusion of the term of study. Each candidate is examined orally for three quarters of an hour, besides undergoing a clinical inquiry at the hospital, and defending a thesis. He must also give practical evidence

of his skill in dissection, and operative surgery. [It is now proposed that examinations shall be held at the end of each year on the studies of that year, and, at the conclusion of the whole course, on the studies of the entire course, to ensure that they are both well learned, and well remembered.]

To this imperfect sketch of European medical education, you will expect me to add an outline of that pursued in Great Britain, and the more so, because it has been recently urged, not in palliation, but in vindication of our own meagre system, that England is, at this very moment, endeavouring to get rid of the "cumbrous machinery" of education, from which we are thought to enjoy so enviable an exemption. I am constrained to say that this argument involves a total misapprehension of the real state of the case. The English medical profession are striving to obtain the suppression of several close corporations, the members of which are few in number, and who, to the exclusion of practitioners in general, possess privileges and immunities, which in France, and in despotic Austria and Prussia, are equally shared by all physicians. It is only in free and constitutional England that the phrase "republic of science" is a meaningless mockery. The British practitioners demand a real equality of rights, not the abolition of control; they ask for increased requirements from students, and not for relaxing present rules; they pray that the portals of the shrine of Esculapius may be narrowed and guarded, not that they may be thrown open to a promiscuous crowd; in one word, they call for the adoption of that system whose glorious fruits are every where visible in continental medicine. But you shall know why I did not set English medical education by the side of the other models placed before you; and for this purpose, let me quote the language of Mr. Surgeon Wilde, in his work on Austria and its institutions. "In England, with few exceptions, (and even in those exceptions the kind of instruction is very meagre) there is little or no preparatory education required by the different colleges and licensing bodies. The student is at perfect liberty

to choose what lectures, or how many he will first attend ; the object being not how he can best prepare his mind by initiatory degrees, for the more mature branches of study, but how he can soonest, easiest, and cheapest become possessed of the *certificates of attendance* on these lectures, a large majority of which said lectures he has never heard. There are no tests required as to his knowledge of any of the subjects he is *supposed* to study till the hour of his examination—and when this examination does arrive, the chances that he is never asked a question except upon anatomy and surgery, and a little physiology, are, in the chief licensing institutions of Great Britain, so slight as almost to amount to a certainty. Again, in the order (if the term can be so applied) of these studies—hospitals and practical subjects are attended to long before their theory has ever been learned. Here the pupil really *walks* the hospitals without acquiring a definite knowledge of any one thing ; he witnesses operations, of which he neither understands the rationale nor the cause, except by his grinder, during a few months hard study, prior to his examination, the result of which more frequently depends upon his memory than his practical knowledge. As matters now stand in this country, this is not the student's fault, but the fault of those who have, or ought to have, the direction of his studies and pursuits." [So far, Mr. Wilde ; but lest this picture may be objected to as drawn by a hand guided by continental prejudices, let us look at a portrait of the same subject by Sir James Clark, who will not be suspected of any anti-Anglican notions. "The value of examinations," he remarks, "as tests of the candidate's proficiency in medicine has been doubted, and as medical examinations have been generally conducted in this country, there may be fair grounds for such a doubt." After pointing out the necessity of making the examinations practical as well as verbal, if it is intended to give the really instructed man a superiority over the well-drilled parrot, he continues: "Let our examinations be so managed ; let the student be submitted to one or more examinations in the course of his

medical studies, and there will soon be an end to this demoralizing system of *cramming*, which is now carried on to a most injurious extent in London. This system of deception, so much practised by medical students, is owing to various causes: the almost total neglect of preliminary education on the part of the examining bodies, in consequence of which, the student has acquired no habits of application before he commences his medical education, and the injudicious regulations imposed upon students by which they are obliged to attend too many subjects and lectures in the same season. To these may be added the *single* very imperfect *viva voce* examination, to which, at the termination only of their studies, candidates for diplomas and licenses are subject." (*Lee on Med. Org.* p. 81.)]

You will now be at no loss to understand why I did not think the English worthy to be ranked along with the continental systems of medical education, and why it can afford us no instruction, save by the warning of its manifold defects. Unfortunately for us, we learned our lesson from it long ago. Medical teaching in this country began at the period of our colonial dependence, and we then copied, or inherited, the errors as well as the virtues of the mother country. We adopted her medical curriculum, and her vicious method of medical examinations; in our soil they have not failed to produce the same unwholesome fruit as in her's. Yet she, shackled as she has been by her rotten-borough colleges during the last eighty years, has at length awaked from her servitude, and determined to have educated and accomplished physicians. And shall we, who, during the same period, have not ceased to boast of our independence, who have been subject to no legal restraints upon scientific improvement, who have proclaimed to all the world that liberty without knowledge is only licentiousness, shall we shrink from acknowledging and correcting our defects?

The foregoing account of medical education in France and Germany, and the opinions of the English upon this subject, have, I hope, demonstrated the intrinsic value of the continental system; that the En-

glish confess its superiority to their own, and that they are anxious to adopt its most valuable parts. May we not be permitted to be equally candid, without being suspected of treasonable intent? It certainly needs no great heroism to face this danger, since, as we shall show you, we march shoulder to shoulder with some of the choicest spirits of the American medical profession. We are told that it has *late*ly become fashionable to preach medical reform, and to insist upon the need of high qualifications in a physician; but we shall now endeavour to prove, that the existing *fashion* is only the fuller development of a long and fondly cherished opinion, and one, let me add, which, like most others of such gradual and steady growth, must in the end prevail.

In 1792, Dr. Rush, who must be regarded as the founder of scientific medicine in this country, urged the importance, to an American physician, of learning to read and speak the French and German languages, and to understand Italian; of acquiring a knowledge of natural philosophy, mathematics, history, government, poetry, drawing and grammar, with every other branch of polite learning, and enough of the dead languages "to be able to translate Latin, and to understand all the technical terms of his profession, which are derived from the Greek."\* This eminent man devoted a whole lecture to demonstrating "the utility of a knowledge of the faculties and operations of the human mind to a physician." Another discourse he employed in illustrating the importance of medical jurisprudence to a physician, showing, to use his own words, that "they entertain very limited views of medicine who suppose its objects and its duties are confined exclusively to the knowledge and cure of diseases." In another, he mentions, amongst the causes which have retarded the progress of medicine, the neglect to cultivate botany, zoology, comparative anatomy, and a knowledge of the functions of the mind; the neglect also of a close observation of disease, and of morbid anatomy; and dwells upon the paramount im-

\* See note C.

portance of clinical medicine to the student. (*Rush's Lectures.*) Judge, I pray you, whether in the half century that has elapsed since these doctrines were promulgated, we have gone beyond their requirements, or whether we have not rather fallen far—very far—short of them.

[In 1819, the distinguished Dr. Bard, of New York, inveighed against our custom of hurrying young men upon the stage of active life, whence, he says, “arise the errors and failure of too many, and our general, and I am afraid I may say, too just reputation for superficial attainments.” Dr. Coffin, of Massachusetts, commenting upon this statement, remarks: “our young men are frequently licensed to practise after three years’ study; but I am persuaded that no physician of learning and experience has ever thought this a sufficient period for preparation, nor admitted it to be such, except from a sort of necessity arising from the circumstances of a thin population and a new country. But whether we are not already too far advanced in population, in wealth, and in civilization, any longer to tolerate this defect in our plans of medical instruction, I would respectfully submit to our legislators and the medical public, as well entitled to their fullest deliberation.” (*Dissert. on Med. Ed. by J. G. Coffin, M. D., 1822.*) And this was twenty-five years ago! Are the pleas of necessity and a thin population, denied to be valid then, to be accepted now? Upon this principle, the Atlantic States must not complain of their incompetent physicians, until Oregon and California, and who can tell what other wastes, shall teem with multitudes whose grand-parents are still unborn!]\*

In 1823, an oration was delivered before the Philadelphia Medical Society by the present distinguished Professor of Obstetrics in the University of Pennsylvania. Its accomplished author takes the very highest ground, insisting that a physician should possess a liberal education, and be acquainted with ancient and modern languages, history, mathematics, natural philosophy including botany, chemistry, mineralogy and

\* See note D.

astronomy, together with belles-lettres and the science of the mind. The value of these studies is exemplified, he informs us, by the character and attainments of the great men, who in every age have ornamented our profession, and vindicated its reputation from the obloquy of an envious world. He lays peculiar stress on the value of clinical medicine, and expresses his regret at the "want of this information in the young physicians of our country." (*Med. Recorder*, v. 6, p. 562.)

[In 1827, a Medical Convention met at Northampton, Massachusetts, composed of representatives from the principal medical institutions of New England, and including Drs. James Jackson, Mann, Spalding, Parsons, Mussey, and Woodward, men whose names and merit are familiar to the whole medical profession. They signed and published an admirable address, in which they insist upon the advantage of a previous literary and scientific education to the medical student, and express the opinion that all not so prepared ought to study medicine at least *four* years. They also propose that, before graduation, the student shall be examined in botany and medical jurisprudence, as well as in the ordinary branches. These sentiments were warmly responded to in many places, and in none more so than in South Carolina.]

In 1829, the distinguished gentleman who is now Professor of Obstetrics in the Jefferson Medical College, delivered an Oration before the Philadelphia Medical Society. Like all that proceeds from his pen, it is eloquent, and bears the impress of profound conviction. "I shall," said the orator, "state it as my opinion, that a young man destined to the study of medicine should begin by obtaining a knowledge of the Latin, Greek, French, German, and Italian languages. If the requisition be deemed exorbitant by any one, I am sure he will not continue long so to regard it, after having fairly set about their acquisition, particularly the three latter." And further: "I regard it as a desideratum that a general idea of these various departments of knowledge (namely, besides the above,

history, voyages, travels, and the classic writers of modern times) should be obtained as a *positive preliminary or inception* to any introduction into the portals of our profession, *and that the great looseness which so extensively prevails*, as to the preparation of the mind for this work, should give place to a *greater strictness and rigour of investigation*, as to the state of fitness in which the aspirant may be found, either by private teachers or public bodies."

In 1833, the eloquent and philosophical Professor of the Institutes of Medicine in the University of Pennsylvania, in the introductory lecture of his course for that year, states his opinion in regard to the system commonly pursued, and supports it by that of a distinguished English lecturer. Of citing this authority, he remarks: "It will be an evidence to you that I am actuated by no selfish or sinister motives in this *denunciation* of the defective character of our system of instruction, but am influenced by a *thorough conviction of its inutility* for the attainment of the great end of a complete education." And again: "The improvement and reform which the medicine of this country impatiently awaits, do not consist in the formation of *new schools* formed on the model of old institutions, treading in the same worn out paths, and perpetuating ancient errors and systems. It requires an entire and new re-organization of medical instruction." The lecturer demands the abatement of certain old courses to their proper level, the introduction of new subjects and departments, and the prolongation of the period of instruction. There is but one way, he thinks, of rescuing our profession from a degrading rivalry with a blind empiricism, and that is, to raise the medical instruction of our country to a level with the philosophical character belonging to our science.

[Two years later, this subject was vigorously handled by the Anniversary Orator of the Philadelphia Medical Society, Dr. J. Reynell Coates. He showed that the course of study in the American Schools has undergone but little change since their foundation, and that "that little consists, chiefly, in

the curtailment of the duration of the curriculum, the depreciation of the requisites for graduation, the extinction of the Baccalaureate, and, in some places, the diminution of the number of the professors." In this admirable essay, which covers a large portion of the ground in debate, our defects are unsparingly laid bare, and the remedies for them are pointed out with a rare skill, and thorough knowledge of the subject.]

In 1836, the accomplished and judicious Professor of Materia Medica in the University of Pennsylvania, addressing the graduating class of that year, stated that "the attention of the Faculty has been directed towards the improvement of the several courses which enter into its present plan; and, as one of the means of such improvement, they have now under consideration the propriety of extending the winter session to five months, thereby relieving the pupil, and at the same time affording scope for more ample instruction."

Finally, in the Spring of the present year, a Medical Convention assembled in the city of New York, comprising the *élite* of the profession in that metropolis, and representatives from nineteen States of the Union, in all more than one hundred members. This body adopted, with perfect unanimity, resolutions declaring "a uniform and elevated standard of requirements for the degree of M. D. to be desirable," and equally so, "that young men, before being received as students of medicine, should have acquired a suitable preliminary education." Nor did the Convention rest satisfied with a barren expression of opinion; it appointed committees to prepare reports upon the subjects embraced in the resolutions, and to present them to another Convention to be held in this city in the coming month of May.

The testimony which has now been laid before you, is a small part only of what might easily be produced;\* but I will no longer tax your patience by cumulative proof, believing that no one will now be bold enough to deny that many of the most eminent mem-

\* See Note E.

bers of our profession, from the time of Dr. Rush inclusive, have condemned our system of medical instruction. They have condemned it either indirectly, by insisting upon the necessity of qualifications far superior to those required by our schools, or they have directly denounced its errors and defects. If then, as we have shown, the particular faults signalized by our eminent critics are precisely those which do not exist in the medical institutions of Continental Europe; and if, as we presume will not now be questioned, those institutions are promotive of the best interests of science; it seems to follow as a necessary consequence, either that we are bound to remodel American education upon European principles, or be prepared to demonstrate their uselessness or inferiority. The uselessness of knowledge! the inferiority of wisdom to superficial attainments! of science to routine! Who does not shrink from such a conclusion? and yet it is a legitimate deduction from the arguments and conduct of those who would have us stand as mere spectators of the race, while all the rest of Christendom is sweeping by us to the goal which we might be the first to reach. What knowledge is *not* useful to the physician,—to him, the natural philosopher, the priest of nature, as his name implies,—what department of science is there which does not furnish him with light in his researches, or with the means of preventing or curing disease,—and that not collaterally, but directly, I had almost said necessarily? [In the old world, or in the new, what class of men are so well educated? “What other profession,” to quote the language of the minister of public instruction to the recent French Medical Congress, “what other profession gives such securities to the State? You alone, before taking your position in society, before rendering it that assistance which is the fruit of your arduous labours, have to pass three different Faculties, that of Arts, that of Sciences, and finally that of Medicine. From no other profession or class of society is so much required.”]

Unfortunately there are not a few amongst us who can perceive no force in arguments like these; men

who are perfectly contented with our present condition, because they do not see how it has ever injured *them* ; who are amazed that any should labour, unless under the lash, or should toil after knowledge when it is plain that ignorance is quite as lucrative ; men who vegetate upon their little barren acre of ground, surrounded by a quickset hedge of prejudices, which they are too timid to break through, and beyond whose thick dark foliage they can discern nothing clearly. Why should we, they ask, consume ourselves in study and toil, when our patients are quite satisfied with us as we are ? Why, it may be asked them, in reply, receive any education at all ? for the public—even the enlightened public—often prefer before us impudent quacks, the practisers of arts at which humanity shudders, or the adherents of systems before which reason veils her face, and common-sense is struck dumb. The public cannot judge of our fitness for the noble and difficult art we profess ; physicians alone can decide what physicians ought to be. Yet so certainly is it for the interest, even of the public, to employ talent, so true is it that knowledge gives power, and science skill, that the confidence and respect of the world is always ultimately acquired by the industrious and learned.

There are some, also, who, infected with the pestilent utilitarian doctrines of the present day, would have medical education restricted to what they are pleased to call, by way of eminence, the practical departments, forgetting that a medical man must not only know *how*, but *when* to prescribe or operate. To do either opportunely, is the real difficulty of the medical art, to overcome which, is the sole end and aim of science. The end seems simple enough, but what amount of knowledge does it not require for its accomplishment ! What can be simpler, as a result, than the pin which the manufacturer creates by millions ; and yet who can calculate the thought, the ingenuity, the labour, the patience, the cost, expended upon the intricate and almost life-like machine which produces this little and unvalued implement ? To resect a joint, or administer a drug, is an art in which dexterity

might be learned from a butcher or a nurse, but it is the province of medical science to teach the appropriate occasion for doing either. So, that after all, the question is, really, whether we shall be satisfied with much or little science, whether we shall be accomplished or bungling practitioners, whether we shall understand disease and cure it, or misunderstand it and increase its dangers? The question thus fairly stated, our "practical" objectors would stand mute for very shame.

But, perhaps, the most extraordinary argument which has yet been urged against improving medical education is, that "we shall turn from our medical schools most of their aspirants into more humble channels, or into the walks of empiricism." (*Dr. Paine's Address*, p. 9.) The common impression is, that the lower the standard of education, the more rife is quackery; but now we are assured, that our young countrymen have so obstinate an attachment to ignorance, that they will cling to it rather than be enlightened; and that the more we endeavour to instruct them, the more resolutely will they refuse instruction.\* Is it to be believed that if several of the leading schools were to offer much greater advantages than the rest, although at a greater expense, they would be deserted by their pupils? Even now, what institutions are the most frequented? the cheapest? According to the authorities already cited, the best of these schools provide little more than the necessities of scientific life; and some of the inferior ones boast that they have discovered a plan of reducing still lower the mental subsistence, without starving students to death. Do these ingenious imitators of the Greek simpleton complain that their halls are encumbered with much-enduring disciples? Although it may happen, now and then, that one honourable name—like the king's effigy on an adulterated coin—may make a college pass for more than it is worth, yet in general, and in the long run, real excellence in morals, ability in teaching, a high order of instruction, and

\* See note F.

collateral advantages, will attract the greatest number of students to a medical institution. If that venerable University, which for so long a period stood without a rival in the United States, had not really afforded the best medical education to be procured here, how long, think you, would she have retained her supremacy? It scarcely admits of a doubt that whatever institution shall first prove that it is able to produce the most accomplished physicians, must very soon find its pupils greatly augmented, so that without imposing new burdens upon the students, it may afford an ample remuneration to the professors. By such means the aggregate number of graduates in the United States might decline, but it would be at the expense of those secondary establishments, which at present neither educate their classes well, nor permit them to go where they would be better taught. [Sir James Clark shares in the delusion of most of us. "Is it surprising," he exclaims, "that quacks and quackery should thrive, when such is the education of the regular practitioners?" and again, "by requiring a higher standard of education, the profession would be made more respectable; . . . and should it have the effect of diminishing the number of medical students, neither the profession nor the public would, I apprehend, be the losers by such a result." It is estimated that there are 40,000 physicians in the United States, or one to about every five hundred inhabitants; and these quite exclusive of the hordes of Thompsonians, homœopaths, and other false doctors, which swarm in our midst: while in France, where irregulars of this sort can scarcely be said to have a distinct existence, there is only one medical man to every thousand souls, and this estimate, we believe, does not include the medical corps of the immense army and navy of that country.\* Yet the late medical congress which met in Paris laboured together with the government to make the proportion still smaller.] These facts taken along with the positive experience of the profession in this country, leave no doubt of our numbers being

\* See Note G.

already far beyond what are needed, or can be honourably supported. No, gentlemen, if quackery is rife amongst us, and is daily growing more impudent, it is because the medical diploma is made accessible to everybody, and hundreds of young men are enticed from the honest pursuits of agriculture and trade, to enter a profession in which they must either bring dishonour upon themselves and it, or starve.

[The advocates of the *status quo*, driven to their last shift in defence of ignorance, confess our literary and scientific short-comings, but regard them as amply atoned for, by our superior practical genius, and our being subject to certain "irresistible impulses" which carry us safely through whatever we undertake. What then, are we to think of those who tell us of the difficulties which environ the solution of medical problems; the laborious investigation, the patient comparison, the cautious induction, and after all, the merely probable conclusion which crowns the philosophic toil? It seems that irresistible impulses are worth all these, that instead of having but one heaven-inspired and infallible "natural bone-setter" amongst us, we are all more or less born to success, and that where others creep, and that painfully, we can jump to conclusions by an intuitive power. No one, it is true, who has seen much of young persons on both sides of the Atlantic would doubt for a moment the general superiority of Americans in activity of mind and quickness of perception, any more than they would doubt the superior fertility of our Western soil; and it is certain, that these qualities in our practitioners would suffice to place them before all others, had they only the same opportunities for cultivating them. But activity and readiness of mind are not ends, any more than a fertile soil is a crop of wheat; they are means of learning merely, and can serve their possessors to little purpose, unless they are first supplied with the material of knowledge, and then subjected to the maturing influences of a sound mental culture.]

On a review of the preceding discussion, it would

appear [that the system of medical education pursued on the continent of Europe is more perfectly adapted than any other, not only to creating a body of learned and scientific men in the State, but also to forming the most skilful practitioners; that the English regard it as far superior to their own method, and are labouring to introduce it into their own country;] that our system modelled after the English, originally, yet still more imperfect than it, has been the subject of criticism and complaint by some of the most eminent American physicians; and that a strong desire to improve it pervades the profession. And now comes the practical question, how and to what extent can this reform be accomplished? The final solution of this all-important problem must be left to other and more competent hands; there can be little doubt that it will receive a satisfactory adjustment from the united wisdom and rectitude of the Convention, which, in a few months, is to assemble in this city. Yet, I will venture to state what reforms appear to me to be most desirable, and, at the present time, most feasible. And first, the prolongation of the lecture term from four to six months, without greatly increasing the number of lectures beyond that already delivered, in order to give the student time to think, read, and attend the hospitals. Subsequently the entire term of public study might be prolonged from two to three winters; an attendance, as now, required on two courses only of the subjects named in the existing curriculum, and the student restricted during the first year to the lectures on anatomy, chemistry, physiology, and *materia medica*. In the second or third year, the instruction might include several departments not now studied, such as general pathology, morbid anatomy, medical jurisprudence, and hygiene, of which one course might for the present suffice. I can see no possible objection to introducing these improvements, and though not alone sufficient, they would make a commencement and a foundation for a more perfect system, which would then follow, as a matter of course.

But in nothing does it seem more necessary that

existing regulations should be modified, than in the character of the examination for a degree. Would it be credited by European physicians, or even by the laity in this country, that a student might present himself before the Faculty of one of our medical colleges without the slightest knowledge either of the "practice of medicine," or of surgery, and yet if he passed a satisfactory examination on anatomy, chemistry, materia medica, obstetrics, and physiology, he might *demand* a diploma declaring him thoroughly versed in the knowledge of medicine, ("*artis medicæ scientia plenius instructum* ;") and the Faculty, bound by their own published laws could not disallow his claim? For "if there should not be *three* negative votes the candidate is ENTITLED to his degree." This is perhaps an extreme case, but a possible, and therefore a fair one; for who does not know that students sometimes make up their minds to be "blackballed" by one or two Professors, from whose lectures they have chosen to absent themselves, or whose department they find distasteful. In what terms can we speak of a system so fearfully demoralizing in its tendency? In some institutions, it may work less evil in practice than it threatens, not because the principle is less pernicious, but because a partial antidote to it exists in the personal integrity of the Professors; but there can be no doubt that in some colleges the letter of the law is borrowed, but not the virtuous spirit to direct its application. Let us earnestly hope that this unrighteous system may be abolished, that examinations may either be made public, or that competent persons may be associated with the Faculty, to ensure their being impartially conducted; that the knowledge of the candidate shall be fully tested, not only by oral but by practical trials, in prescribing and compounding medicines, in anatomy, surgery, and clinical medicine.

In proposing these reforms, I feel a strong confidence that they may all be gradually adopted so as to come into full operation within four or five years. There is nothing in our political, social, or professional circumstances to prevent this consummation, provided

that they who have the power to make the changes, and whose interests are most deeply involved, will only consider them calmly and candidly. They will then assuredly find, not only that their reputation as men of science will be enhanced by pursuing a course of progress and improvement, but also, that their immediate and material interests will be promoted by providing a better education for medical students. In teaching, as in trade, the best article, if not a luxury, will always command the best market.

Some persons attached to the schools, with a timidity which would be more becoming in a worse cause, see in all this agitation of reform, an act of direct hostility to themselves and their colleges; they see in the ardent and active multitude crying aloud for the bread of knowledge, a brutal and ferocious mob, like that which besieged the gates of the French nobility in '89, shouting for food. In fancy, they behold these grim assailants rushing through their halls, they see the pillars crumbling, they hear the crackling fires devouring the beams of their temples. Such terrors are groundless. Radicalism and agrarianism belong only to the grossly ignorant, or the perversely vicious. With such doctrines the American medical profession has nothing in common. Our fathers, in achieving the national independence, made a change in our institutions which was neither violent nor extreme; in many points they altered nothing of what a long colonial experience had approved: and their work stood, and will continue to stand, while their principles survive to uphold it. The French people, on the contrary, razed their political edifice to its foundation, blotting out even to the symbols of their race of kings; and in ten years they bowed under a yoke to which that of the Bourbons was as nothing.

It would be the height of folly, or worse, for it would be wicked, to attempt to break down or weaken institutions amongst us which are respectable for the good they are doing, or those which are, at the same time, venerable for their long services in the cause of education. But it would argue in us a degree of apathy

or stupidity unworthy of our calling, if we remained contented with their condition, while it is so far beneath what our European brethren enjoy, and what we really need. Our schools can be so improved as to fulfil every reasonable desire of progress, and that without invoking the dangerous touch of legislation, or violating any political or social privileges. Not that all can share in this ameliorating process; most of them would die under the operation. But enough, I trust, will be found, as willing as they are able, to adopt a better system than the present, and to afford ample accommodation to all who ought to enter the medical profession. Then shall we see these mushroom colleges which spring up in a night, and thrive only in darkness, shrink into their proper dimensions, or disappear; while each leading school will gather into its bosom the talent and the hope of the country, and its diploma become, what a medical diploma should ever be, not only a sign, but a proof, of the possessor's high attainments.

The power of effecting these great improvements is, in last resort, with the practitioners of the United States; they form the public opinion of the profession; and if they will but exert their power they may command all possible good. From them the students of medicine go forth; by their advice the student repairs to this or that place of instruction; and think you that their encouragement will fail to that institution which shall first and best demonstrate its ability to form the most accomplished physicians?

You, gentlemen, who are standing upon the threshold of the temple of medical science, and striving with eager eyes to penetrate its mysterious recesses,—remember that as you advance,—and the more, the farther you advance,—you will, like the adventurer in the Arabian tale, find new veils obstructing your progress, and which, if drawn aside by the magic of science, will disclose to you brighter and brighter glories. But if you will not obtain for yourselves, and endeavour to gain for others, a deep insight into the wonders of knowledge, you will never advance beyond

the vestibule of the temple, but stand there as strangers who have not come to worship, but who have only sought a momentary shelter from the storm without. If you seek distinction and honour; if you love your country, and your country's cause, which is that of science and of truth, join with us while you may, and with earnest minds and brave hearts, bear on the conquering car of MEDICAL REFORM.



## NOTES.

## NOTE A.

In 1816—17, Dr. Horner assisted in the instruction of Dr. Chapman's office students; in the following year these gentlemen became connected as lecturers; in 1819—20, Dr. Dewees, and immediately afterwards, Drs. Hodge, Jackson, Bell, and Mitchell, were united with them.

In 1818, Dr. Wood took part in teaching Dr. Parrish's students; and in that, or the succeeding year, Dr. Harlan was employed to examine them on Anatomy and Surgery, with occasional demonstrations. Between 1820 and 1822, these gentlemen, with Dr. Shoemaker, began to give regular courses of instruction, and examinations, in all the branches usually taught in Medical Colleges.

## NOTE B.

In 1762, Dr. W. Shippen began his Lectures on Anatomy. In 1765, Dr. John Morgan, on his return from Europe, was appointed Professor of Medicine in the College of Philadelphia, and, in the same year, Dr. Shippen was elected Professor of Anatomy.

## NOTE C.

It is the fashion to cite Dr. Rush's authority against the need of the dead languages to a physician. Let our students be required to come up to the standard quoted from him in the text, and, "at the age of seventeen, to devote a year or two" to acquire these languages, and enough will be accomplished for the present. As things stand now, medical students generally lack even this superficial knowledge.

## NOTE D.

It is not pretended that an equally high standard of medical education should be adopted throughout the whole territory of the United States, but only that a much higher one than at present should be assumed by the States East of the Alleghanies, or those bordering on the Atlantic. Leaving our Western brethren to settle the question for themselves, we ought to decide it for ourselves, uninfluenced by them. Between *seven-tenths* and *eight-tenths* of the medical students who come to this city, belong to the old States, and *nine-tenths* of them to these, with Alabama, Mississippi, and Louisiana; *one-tenth* only is furnished by the Western States. In some catalogues of our leading institutions, the proportion does not exceed *one-thirteenth*. So, that whatever standard we adopt, should have reference entirely to the condition of the Atlantic States, and not at all to that of the West.

## NOTE E.

The reader is referred to the following, among the additional witnesses, who might be called to give evidence in favour of our cause:

In the *Carolina Journal* for 1828, Dr. Symons, the editor, complains o

the multiplication of medical schools as leading to the practice of cheapening degrees. He advocates the extension of the lecture-term to six months, and that of public instruction to three years, admitting, however, that it is little enough.

*The Annual Address before the Medical Society of the State of New York*, by its President, JAS. R. MANLEY, M. D. Albany, 1826.—Dr. Manley shows how the rivalries of the numerous medical schools tend to impair and deprave the medical character, by diminishing, one by one, the requirements which should be made from students, of previous education, and prolonged and thorough study; and recommends them to look for reputation less from the numbers than the quality of their graduates.

*An Address delivered before the Medical Society of the City and County of New York*, by D. L. M. PEIXOTTO, M. D., President. New York, 1831.—He insists strongly on the necessity of a liberal education for a physician, while admitting that success (i. e. employment) does not depend upon knowledge entirely; for, says he, “we have many physicians whose knowledge of the rules of orthography are often in an inverse ratio to their medical success.”

*An Introductory Address, &c.* by GUNNING S. BEDFORD, M. D., Professor of Obstetrics, &c. in the Medical College of South Carolina—Charleston, 1833.—Dr. Bedford urges that France “in her scientific department presents us with a model which it would be well for us to follow;” that “the reputation of the French Medical School, though high, has never been equal to its deserts,” and that its high position is attributable to the system of “*Concours*” which ensures success to every aspirant after fame, “according to his amount of knowledge,” and nothing else. In this system, Dr. B. finds the reason why “the Europeans are so much in advance of us.”

*Hints on the present state of Medical Education, &c.*, by Professor LINCOLN of the University of Vermont. Burlington, 1833.—The author denounces as radically false and degrading, the notion that medicine is a mere art, and requires no special preparatory education. He insists that so defective is this education amongst medical students in New England, that “to a great proportion of them, the Philosophy of Medicine is absolutely unattainable.” He reminds us that a young man is expected “to learn the Elements of Medicine, in less time than is required for an apprentice to learn the ‘art and mystery’ of the smith or joiner.” He shows the absurdity of requiring an equal amount of medical study from the well educated and the ignorant, and insists that even for the former, three years is too short a term. He points out the strong temptation to which Professors are exposed of keeping down the standard of education, because their salaries are not fixed, but depend on the *number of their pupils*, and the still stronger one of allowing incompetent persons to graduate, because each *successful* candidate pays a “graduation fee,” while he that is rejected pays none.

*An Introductory Lecture to a course of Obstetric Medicine*, by GUNNING S. BEDFORD, M. D., New York, 1834.—Dr. Bedford inveighs against the gross injustice of the present manner of appointing Professors, as offering “no security that the best men will be selected;” and he asks, “how under the present system of laws governing our medical colleges can it be taken for granted, that because an individual occupies a chair in an institution he is therefore fitted for the duties of his office.”

*An Introductory Lecture delivered in the Medical College of South Carolina*, by DR. T. Y. SYMONS, Professor, &c. Charleston, 1835.—The author dwells with much earnestness on the proposition that a classical education is not only valuable to the student and practitioner, but *absolutely essential to the building up of a national medical literature.*

*An Address delivered before the Medical Society of the State of New York*, by J. McNAUGHTON, M. D., President. Albany, 1837.—In this address the propriety of demanding more extensive acquirements from candidates for license is strongly urged, and also that students should enjoy much better opportunities than now of seeing and studying disease.

In 1838, a committee of the College of physicians, in a Report "on the condition of the medical profession in the city of Philadelphia," presented amongst the "abuses and evils" to which it was subject: "1st. The introduction of persons into the medical profession not properly qualified by previous literary education, studious habits, and good moral character. 2nd. The too rapid and superficial course of medical instruction and study considered necessary for the attainment of the Doctorate, thus introducing into the profession persons not qualified to exercise its important functions."

In 1839, the Legislature of Pennsylvania incorporated "The Medical College of Philadelphia, whose objects are declared to be, amongst other things, "to encourage the prolongation of the term of study, and the increase of the extent of preliminary knowledge required of candidates for medical honours." By its act of incorporation and by-laws, this College had the right to confer the degree of Bachelor of Medicine upon such persons as now receive that of M. D., and the degree of Doctor upon candidates who had attained the age of 22 years, who had studied three years, attended lectures on Anatomy, general and special, two courses; Chemistry, one course; Natural Philosophy, one course; Institutes of Medicine, two courses; Materia Medica and Pharmacy, two courses; Special Therapeutics, (Practice of Medicine and Surgery,) two courses; Institutes of Surgery, two courses; Obstetrics, two courses; Diseases of Women and Children, one course; Medical Jurisprudence, one course;—pursued at least one course of dissections; attended a clinical hospital for at least one year; written a thesis, and the history of two cases observed by himself; and passed a satisfactory oral and written examination upon the foregoing subjects, before a board of six examiners, who should be physicians not engaged in medical teaching. Among the incorporators of this institution, and whose favourable opinion of its object and plan is therefore entitled to great weight, were Doctors Thomas T. Hewson, Thomas Harris, Dr. now Professor Huston, Dr. now Professor C. D. Meigs, Dr. now Professor Darrach, Dr. Reynell Coates, Dr. now Professor Franklin Bache, Dr. Bell, Dr. Hays, Dr. now Professor Wood. The Medical College of Philadelphia never went into operation.

#### NOTE F.

As an evidence that the student is not always compelled to pay a high price in proportion to the amount of instruction received by him, compare Philadelphia and Paris. In the former he pays, for eight months of instruction, including Matriculation, Dissection, Hospital, and Graduation fees, about \$320; in the latter, for forty months of lectures, about \$200. It is true, that in Paris none of the Professors receive more than \$2,000 for a course of lectures lasting five months.

#### NOTE G.

In the United States, with a population of twenty millions, there are about 30 medical schools, containing about 4,500 students, and graduating annually about 1,300.

In France, with a population of thirty-five millions, there are three medical schools, containing about 4,000 students, and graduating annually about 700.



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DR. STILLÉ'S ADDRESS.

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